

A COMPARATIVE STUDY ON AWARENESS OF RIGHT TO HEALTH AMONG WOMEN IN URBAN AND RURAL AREA OF BHAGALPUR DISTRICT

Dr. Md. Mahtab Alam*

ABSTRACT

Women are one of the most vulnerable sections of the society in the patriarchal Indian society as they depend on the men of the family for them. In spite of national legislation as well as international conventions and agreements to protect women's health rights, the protection of women's rights has not yet been protected in the true sense. Factors determining awareness of women's health rights such as status of women in society, economic dependence of women, anti-women health practices and traditions etc. These are the prominent factors for lack of awareness about health rights among rural women as compared to urban women. Rural women need to be given economic freedom to make decisions about their own health. The present study covers health-related rights in women, the level of awareness among women of urban and rural areas has been determined by using comparative method of research in Bhagalpur district of Bihar selected as the study area of the research on the basis of purposeful research problem. A total number of 30-30 educated women from urban and rural areas of Bhagalpur district were selected through random sampling. Therefore, in the present study, the research problem was chosen as a comparative study of awareness among rural and urban women of Bhagalpur district, with the aim of finding out the level of awareness about health rights among women.

Keywords: *Women's Health Rights, Constitutional Guarantee, Vulnerable Sections, Determining Awareness, Basic Health Services.*

Introduction

Women are one of the vulnerable sections in health-related problems in a male-dominated structure of society. A woman's position in society is secondary as she is dependent on a male family member for her basic health needs. In spite of several national legislations as well as international conventions and agreements to protect women's health rights, these rights of women have not been truly protected. The right to health is recognized in Indian culture as the first happiness *Nirogi Kaya*. The popular slogan "*Healthy Family, Healthy World*" represents the fact that no one but women play a vital role in maintaining the health and well-being of the society as the guardian of family health. It is indirectly related to women's health because only a healthy woman can keep the family healthy. Women's ill health has a serious impact on their children as well as their families. Therefore, due to women's health problems, the entire family is affected and eventually the society becomes disorganised.

Over the past two decades, meeting the established standards of the right to health has become an increasingly difficult task. The right to health is a fundamental part of our understanding of life, along with other rights and dignity of women. Violation of these rights of women, right to equality, right against discrimination, right against harassment, right to privacy, right to reproduction, etc. directly or indirectly shows lack of awareness regarding health rights among women. In addition, rural areas lack reproductive health services, resulting in high maternal mortality rates. Women's mental health becomes unbalanced due to heavy workload. During the research, health problems such as maternal mortality, anaemia, abortion, female foeticide, breast cancer, cervical cancer, hunger, iodine deficiency were mainly found to be lacking in information.

* Assistant Professor (G.T.), Department of Commerce, G.D. College, Begusarai, Lalit Narayan Mithila University, Darbhanga, Bihar, India.

Women's right to health has been recognized as a fundamental right by international conventions as well as by Indian laws but right to health has not been accepted as a fundamental right in India. Women's health rights include right to life, right to food, right to reproduction, right to surrogacy, access to adequate health facilities, family planning counselling and services, right to self-determination, right timing of pregnancy, right to safe motherhood, right to give birth, right to postnatal care, right to safe abortion, right to reduce maternal mortality and morbidity, maternal and child health services, easy access to essential medicines etc. awareness level about these rights high among urban women as compared to rural women, the understanding and scope of the right to health among these women is developing as women participate more actively in these processes, thereby changing their attitudes towards health.

The Indian Constitutional Rights

The Constitution of India does not explicitly recognise health as a Fundamental Right. However, it recognises the right to life, equality, and freedom of speech, expression and opportunity and to seek judicial redress for enforcement of these rights as fundamental rights. Right to Health is included in Article 47 of the Directive Principles of State Policy. These constitutional provisions must be interpreted expansively to understand and ensure women's right to health.

The Preamble to the Constitution highlights some of the core values and principles that guide the Constitution of India. Although the preamble is not regarded as a part of the Constitution and is not enforceable in a court of law, the Constitution is interpreted in the light of the preamble and in a majority of decisions the Supreme Court of India has held that the objectives of justice, liberty, equality and fraternity stated in the preamble constitute the basic structure of the Constitution. The Preamble directs the state to initiate measures to establish justice, equality, ensure dignity, etc. which have a direct bearing on women's health.

Right to Equality and Freedom (Articles 14 –17 and 19) ensure the right to equality before the law and equal protection of the law, prohibition of discrimination on the basis of sex, caste, religion, race or place of birth, equal opportunity in matters of employment and abolition of untouchability. However, the right to equality does not take away the right of the State to initiate affirmative action or provide special-provisions for women and marginalized communities (especially women from scheduled castes and tribes). In the context of health, any form of discrimination, be it gender or practice of untouchability, has severe implications for health, preventing or limiting access to basic needs and opportunities that impact health and access to health care. For example, women are traditionally held responsible for fetching water. Depending on the distance of the source of water, the location, the woman's age, caste, health status and various other conditions at home impact her access to water, which in turn affects her health and the health of others in her family.

Statement of the Problem

Women are the main pillars of this society on which the present and future generations of the nation build. The role of women in the development of the human race is undoubtedly significant, but the patriarchal system and traditional society have relegated women to a position of triviality, so they need to be taken utmost care. There is a need to protect and promote the health rights of women in the present era. Women's health rights include right to life, right to food, right to reproduction, right to surrogacy, access to adequate health facilities, counselling and services in family planning, right to decide the right timing of pregnancy, right to safe motherhood etc. lack of awareness about these health rights is found among women, which is one of the factors of weak health status of women. Therefore, in the present study, the research problem was chosen as a comparative study of awareness among rural and urban women of Bhagalpur district, with the aim of finding out the level of awareness about health rights among women.

Objective of the Study

- To study the awareness about the rights of health among women in rural and urban areas of Bhagalpur district.
- To Study the organising programmes for health-related rights of women.
- To study the implications and effects of various laws related to women's health.
- To study the women empowerment through health-related rights in Indian context.

Research Methodology

In the study of health-related rights in women, the level of awareness among women of urban and rural areas has been determined by using comparative method of research. Bhagalpur district of Bihar selected as the study area of the research on the basis of purposeful statement. A total number of 30-30 educated women from urban and rural areas of Bhagalpur district were selected through random sampling. In the study, primary data was collected from the respondents through a questionnaire and research was carried out by collecting secondary data from various research papers, articles, periodicals, annual reports, internet and various online site that provide the related information for the study.

Some Important Rights Related to Women's Health

- Right to prevention, control and treatment of diseases.
- Rights to access to safe drinking water and sanitation.
- Right to adequate standard of living and housing.
- Right to adequate protection at workplace in pregnancy.
- Right to freedom from discriminatory social practices like female genital mutilation, female feticide and pre-natal sex selection.
- Rights to the highest accepted standards of physical and mental health, which includes sexual as well as reproductive health.
- Right to timely access to basic adequate health care and services.
- Right to access education and information on health and health related issues such as reproductive health and family planning.
- Right to participate in health policy decisions at the community and national level.
- Right to privacy in deciding the number and age gaping of children.
- Right to freedom from violence, forced sexual exploitation and forced prostitution.

International Conventions as well as the Indian Laws for Women's Right to Health

The Right to Health is recognised by several International Conventions. In the context of Women's Right to Health, discrimination on the basis of sex is prohibited in the Universal Declaration of Human Rights and in Article 2 of the two most significant International Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights. The Women's Convention or CEDAW is the UN treaty that clearly brings together civil, political and economic, social and cultural rights. In addition, since its inception, the committee established under CEDAW has issued a number of General Recommendations (GR) that elaborate on the articles of the Convention. The one that is most critical to health is the GR 24 that elaborates Article 12 of the Convention. While some rights have been accepted as fundamental by both the international conventions as well the Indian laws, the 'Right to Health' has yet to be acknowledged as a fundamental right in India. Women's groups, health and human rights activists in the country have been campaigning for several years for Health to be recognised as a constitutional guarantee.

In this ongoing struggle, women, along with these groups and activists, have played an important role in the process of determining their health rights—in deciding what their rights should be, the content of those rights, and the process by which they are implemented. These rights can be claimed through. These processes have also seen the application of existing international conventions to hold the state accountable for the violation of these rights. The understanding and scope of women's right to health is constantly evolving as women participate more actively in these processes, which change attitudes towards women and their health, the way laws are formulated and interpreted.

Women Empowerment Through Health-Related Rights

Women empowerment is an important topic in today's world. The term "empowered" refers to having the legal power or autonomy to act. Empowerment is a process by which individuals, societies and organisations gain control over their important concerns. Activities to prevent risks and improve positive aspects of life. Similarly, the human rights approach provides a guiding light for building empowerment interventions through expanding individual capacities. Empowerment requires building the capacity of peoples. Over time, empowerment tends to help people claim their rights, which creates better accountability between society and the state and acquiring such power is based on knowledge and skills and promotes quality of life. Several methods have been introduced to empower women. Gender

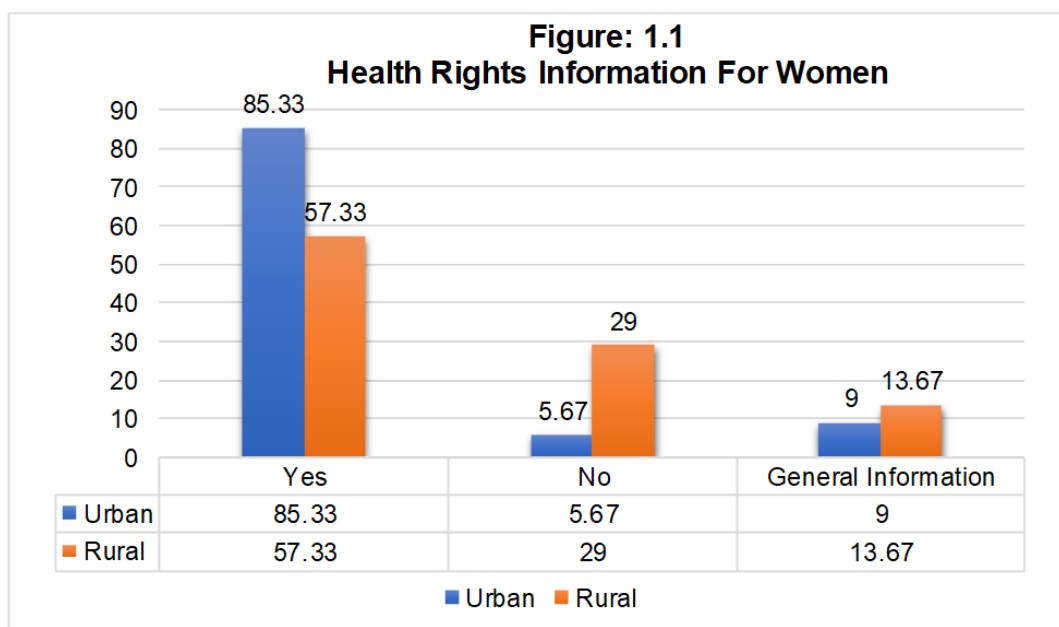
inequality is not only based on the traditional sexual differentiation of men and women. Gender in India, especially in the rural context, is a complex social system that shapes women’s experience. Biological differences in male or female have, over time, developed in gendered individuals against a background of sexism and patriarchy. Combined with other forms of discrimination, such as racism, and classism, this creates a pathway to poor health.

The Article 38, 39 and 47 of Directive Principles of State Policy lays down a conduct for the state to be followed for such issues as health, nutrition, welfare of society and implementation of these as per their will and needs. So, it is also upto the state to look after these issues keenly and implement these issues in their policy concerned as successfully done earlier in case of Panchayati Raj, Educational issues etc.

Therefore, it should be taken a step ahead by the state in the form of governmental measures as schemes, policies, subsidies etc to make the health of woman of a primary concern and its implementation upto the grass root level. This would eventually reach till the rural areas and lead to an inclusive development of vulnerable section of women in a way or the other. And inclusion of such would also lead to Women Empowerment as a part of Bihar Government Saat Nischay Yojana - 2 (Sashakt Mahila, Saksham Mahila).

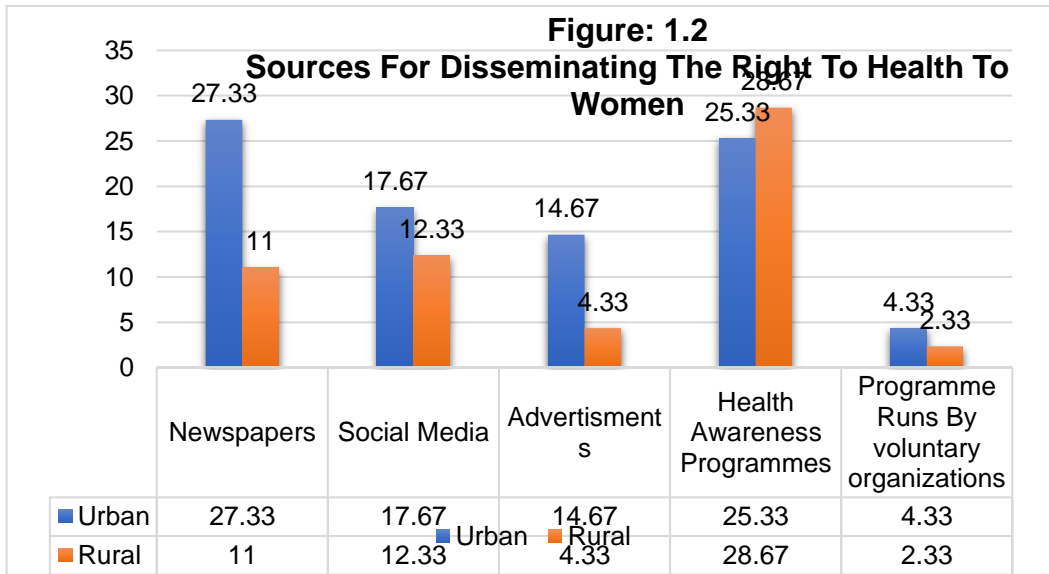
Analysis and Interpretation of Data

In order to make a comparative study of the awareness of the right to health among women, in urban and rural areas data collected through the questionnaire and interview that includes: a) Health Rights Information for Women, b) Sources for Disseminating the Right to Health to Women, c) Factors Affecting the Awareness of Women’s Health Rights, d) Organising Programmes for Health-Related Rights of Women, e) Legal and Constitutional Information About Health-Related Rights for Women and outcomes of the study embody that urban area women are more aware by health-related rights than rural area women which are shows in following figures:



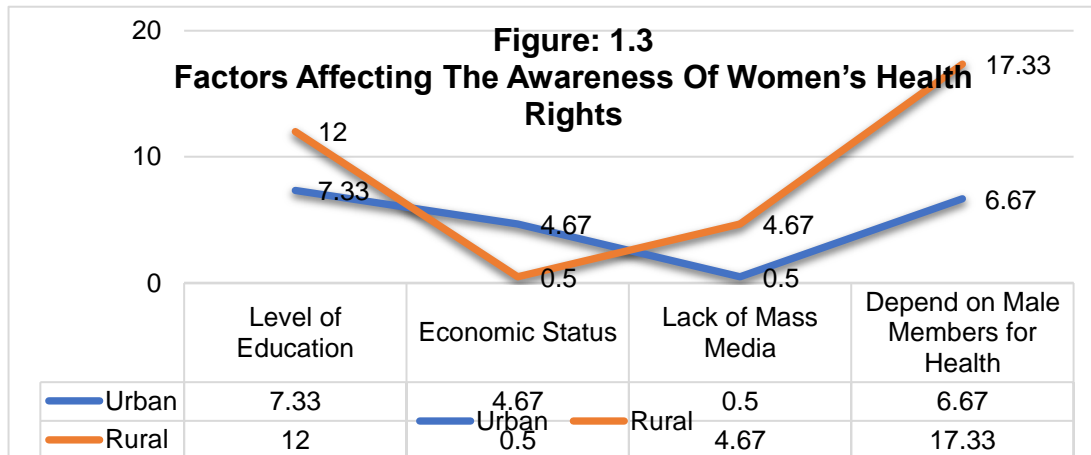
Source: Based on Primary Data

In the Figure: 1.1, women living in rural and urban areas got information regarding their rights, it is clear from the analysis of the table that 85.33% women of urban area are aware of health rights, 5.67% women are not aware of this and 9% of urban women have general knowledge of their health rights. The same 57.33% women living in rural areas are aware of health-related rights, while 29% women are not aware of their rights, while 13.67% women have general knowledge of health-related rights. It is clear from the above discussion that the knowledge of health-related rights among rural women is less than that of urban women.



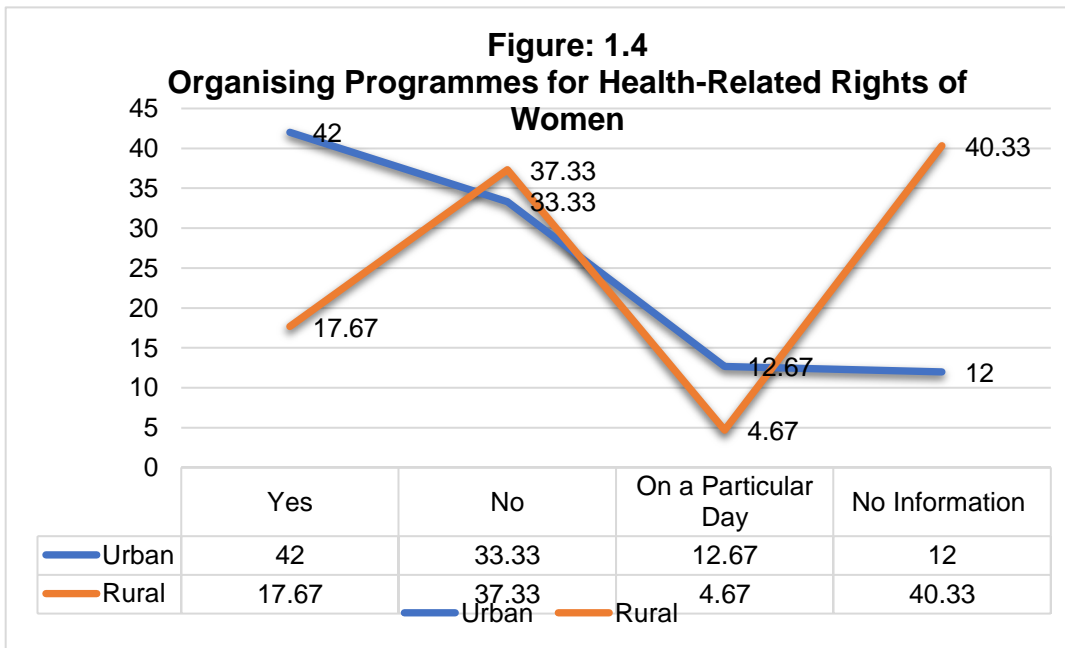
Source: Based on Primary Data

In the Figure: 1.2, there is a comparative study of sources disseminating health related rights of women. It is clear from the observation of the table that 27.33% of women of urban area got information about their rights through newspapers, 17.67% through social media, 14.67% through advertisements, 25.33% through health awareness programmes and 4.33% through voluntary organisations. Women living in rural areas get information about their health rights from 11% newspapers, 12.33% through social media, 4.33% through advertisements, 28.67% through health awareness programmes and 2.33% through voluntary organisations. Therefore, it is clear from the above discussion that women in urban areas get information about their rights from newspapers, while women in rural areas get information about their rights related to health through most health awareness programs.



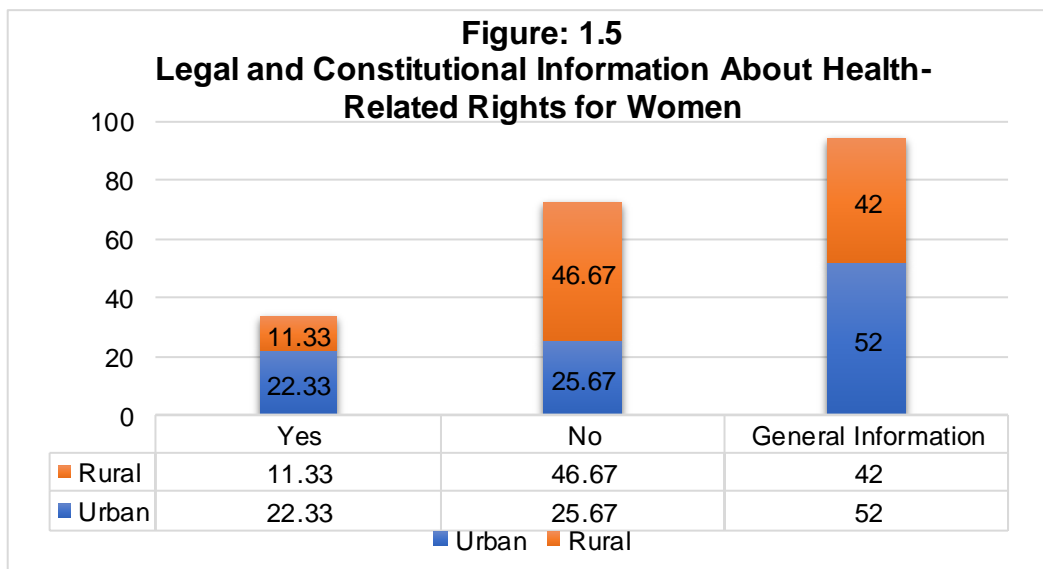
Source: Based on Primary Data

In the Figure: 1.3, discusses the factors affecting the awareness of women's health rights. In the factors of awareness of health rights of women living in urban area; 7.33% level of education, 4.67% economic status of women, 0.5% lack of mass media and 6.67% depend on male members towards health affects the same awareness of health rights of women in rural area; 12% level of education, 0.5% economic status of women, 4.67% lack of mass media, 17.33% depend on male members for health. Therefore, it is clear from the above discussion that the dependability on male members for health among rural women is more than urban women.



Source: Based on Primary Data

In Figure: 1.4 shows the health-related rights of women in rural and urban areas. Analytical study of programmes has been done for awareness; 42% of urban women believe that the programmes are organised for awareness, while 33.33% of women believe that programs are not organised for their health rights, 12.67% such programs are held on a particular day and 12% of women has no information regarding this. The same women living in rural areas; 17.67% of rural women believe that the programmes are organised for awareness, 37.33% women believe that there are no awareness programs in their area, 4.67% such programs are held on a particular day and 40.33% rural women have no information about these awareness programs. Therefore, it is clear from above discussion that there is no information about organising programmes for health rights of women in rural as compared to urban women.



Source: Based on Primary Data

The legal and constitutional information on health rights of women has been analysed in the Figure: 1.5 which shows; 22.33% of urban women are aware of their provisions, and 52% of urban women have general information, while 25.67% of urban women are not aware of legal and constitutional provisions of their rights. Same 11.33% women of rural areas have complete information of these provisions and 42% women have general information while 46.67% rural women are not aware of these provisions. Therefore, lack of general information about rural and migrant is found.

Conclusion

In the context of awareness about health rights among women, the health care and awareness status of women living in rural areas is alarming. The present study shows that despite various laws and government policies, women's health rights are not protected. Due to lack of legal and constitutional knowledge about these rights. As a result, they cannot easily access health services. There is a need to create awareness among the women of the rural society regarding these laws and constitutional provisions. There is a need to organise camps, workshops, seminars by government and non-government organisations to create awareness about health-related issues as a part of empowerment of women so that they become more aware of their rights and issues. Rural women should reduce their dependence on male members for their health services and rights and become self-sufficient in economic decisions related to health. Therefore, it can be said that the understanding and scope of health rights among women in rural areas is continuously developing as these women are actively participating in these processes, thereby increasing their access to health rights.

References

1. Narinderpal Singh and Dr. Nand Kishor (2021), a comparative study of human rights awareness among women teachers in government and private schools of Punjab, Utkal Historical Research Journal
2. Harjit Kaur (2016), A Study of Women's Rights Awareness Among Women in Relation to Their Educational Level. Sai Om Journal of Arts & Education A Peer Reviewed International Journal
3. Dr. Shobha Patil (2015), Awareness about Women's Rights among Post Graduate Students of Karnataka State Women's University, Vijayapura, The Journal of Humanities and Social Science
4. Ashraf, S. (2013), A Study of Human Rights Awareness among Prospective teachers. International Journal of Scientific Research
5. Ragini Mishra and Sudha Mishra (2012), A study on awareness of women's rights in rural and urban adolescent girls of Uttar Pradesh, Advance Research Journal of Social Science
6. V. Basil Hans (2009), Women, Health and Productivity Some Issues in India's Development, SSRN Electronic Journal
7. D. Nagaraja and Pratima Murthy (2008), 'Mental Health Care and Human Rights', National Human Rights Commission, New Delhi
8. Sarojini, (2006). Women's Rights to Health. In N.B. Sarojini & S, Chakraborty D, Venkatachalam, S. Bhattacharya, A, Kapilashrami, R. (Eds.). National Human Rights Commission, Rajika Press Services: New Delhi
9. Bhuyan, D. (2006), Empowerment of Indian Women: A Challenge of 21st Century, Orissa Review
10. Sama-Resource Group for Women and Health (2005) Advancing Right to Health: The Indian Context Beyond the Circle Project
11. <https://reproductiverights.org/>
12. www.smsfoundation.org
13. <https://nhrc.nic.in/>
14. <http://www.ohchr.org>.

